

Appendix B

Emergency Solutions Grant **PROJECT SPONSOR – Budget Cover Sheet**

Project Sponsor Name: _____

Indicate which services your agency proposes to provide by checking the items below -

1. Street Outreach:

☐ Engagement ☐ Case Management ☐ Emergency Health Services
☐ Emergency Mental Health Services ☐ Transportation

2. Emergency Shelter:

☐ Essential Services ☐ Maintenance ☐ Operations ☐ Staff Costs

3. Homeless Prevention (For persons at-risk of homelessness)

Housing Relocation and Stabilization Services - Financial Assistance Costs

☐ 1st Month's Rent ☐ Rental Application Fees ☐ Security Deposits
☐ Utility Deposits ☐ Moving Costs

Housing Relocation and Stabilization Services - Housing Services Costs

☐ Housing Search & Placement ☐ Housing Stability Case Management
☐ Legal Services ☐ Credit Repair

Short-Term and Medium-Term Rental Assistance

☐ Short-term rental assistance (up to 3 months of rent)
☐ Medium-term rental assistance (up to 24 months of rent)

4. Rapid ReHousing (For Homeless Persons)

Housing Relocation and Stabilization Services - Financial Assistance costs

☐ 1st Month's Rent ☐ Rental Application Fee ☐ Security Deposits
☐ Utility Deposits ☐ Utility Payments ☐ Moving Costs

Housing Relocation and Stabilization Services - Housing Services Costs

☐ Housing Search & Placement ☐ Housing Stability Case Management
☐ Legal Services ☐ Credit Repair ☐ Mediation

Short-Term and Medium-Term Rental Assistance

☐ Short-term rental assistance (up to 3 months of rent)
☐ Medium-term rental assistance (up to 24 months of rent)